PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

H000000105221

FILED
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DIVISION OF CORPORATIONS
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DOCUMENT # P97000005442

1. Corporation Name

Tri County Medical Billing Services, Inc.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
3949 Evans Avenue	3949 Evans Avenue
Suite, Apt. #, etc. Suite 102	Suite, Apt. #, etc. Suite 102
City & State Fort Myers, FL	City & State Fort Myers, FL
Zip 33901 Country US	Zip 33901 Country US

4. Date Incorporated or Qualified To Do Business in Florida 01/17/1997

5. FEI Number 65-0727736 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Bruce D. Green

Street Address (P.O. Box Number is Not Acceptable): 12800 University Drive

Suite, Apt. #, Etc.: Suite 600

City: Fort Myers State: FL Zip Code: 33907

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 3/7/00

REGISTERED AGENT MUST SIGN

CR2E061 (9/99)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See attached list.		

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 3-7-2000 941-939-2722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AD

Bruce D. Green, Esq.
12800 University Drive, Suite 600
Fort Myers, FL 33907

Phone: (941) 489-1776
FL Bar No.: 260533

H000000105221

ATTACHMENT TO
CORPORATION REINSTATEMENT OF
TRI COUNTY MEDICAL BILLING SERVICES, INC.

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors).

Title	Name of Officers &/or Directors	Street Address of Each Officer &/or Director	City/State/Zip
SD	Michael Hedden	3949 Evans Ave., Suite 102	Fort Myers, FL 33912
PD	Semeon Manalili	3949 Evans Ave., Suite 102	Fort Myers, FL 33901
TD	Robert E. Eid	3949 Evans Ave., Suite 102	Fort Myers, FL 33901
D	Anthony D. Migliore	3949 Evans Ave., Suite 102	Fort Myers, FL 33901
VD	Robert P. Antonio	3949 Evans Ave., Suite 102	Fort Myers, FL 33901
D	Charles A. Bisbee	3949 Evans Ave., Suite 102	Fort Myers, FL 33901
D	Bernard Shucavage	3949 Evans Ave., Suite 102	Fort Myers, FL 33901
D	Robert Turner	3949 Evans Ave., Suite 102	Fort Myers, FL 33901
D	Joseph Nicotra	3949 Evans Ave., Suite 102	Fort Myers, FL 33901

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850)922-4004

From:

Account Name : ANNIS, MITCHELL, COCKEY, EDWARDS, & ROEHN, P.A.
Account Number : 071600002745
Phone : (941)489-1776
Fax Number : (941)489-2444

CORPORATION REINSTATEMENT

TRI COUNTY MEDICAL BILLING SERVICES, INC.

Certificate of Status	1
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